



BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS PO BOX 9649 OLYMPIA, WA 98507-9649 (360) 664-1571 FAX (360) 664-2551

## **COMPLAINT FORM**

Complete all sections; attach statement describing complaint; sign, date, and submit.

Complainant Information		
COMPLAINANT'S NAME		HOME PHONE
STREET ADDRESS		WORK PHONE
		( )
P.O. BOX (IF ANY)		FAX NUMBER
CITY	STATE	ZIP CODE
Licensee Information		
LICENSEE'S NAME		HOME PHONE
BUSINESS NAME		WORK PHONE
		( )
STREET ADDRESS		FAX NUMBER
P.O. BOX (IF ANY)		( )
1.0. BOX (II ANT)		
CITY	STATE	ZIP CODE
Communications		
If you answer "Yes" to any or the following questions, please provide details in your complaint.		
Have you attempted to resolve your complaint with the licensee?		
Did you advise the licensee that you were considering filing a complaint with the Board?  Was another engineer, land surveyor or on-site designer consulted about the problem?  Yes  No		
Complaint Description		
Attach a statement describing your complaint. Be specific. Describe what work the licensee was hired to perform; the		
project location; the problem(s) encountered; who else is involved <i>(names, addresses, telephone numbers)</i> ; specific dates and details. Include copies of plans, maps, contracts, and any other information that you believe will support your		
complaint. If submitting photographs, be sure they are in color or colored photocopies.		
Remedy Requested		
Please specify the remedy or result you are requesting from the Board		
Thouse specify the formedy of foodit you are requesting from the Board		
Please note: Washington State laws do not grant the Board authority or jurisdiction over civil matters (such as fees charged, contract disputes, or property line ownership disputes). On those issues, it is suggested that you consult legal advice.		
Signature		
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and any attachments hereto, which are incorporated herein by reference, are true and correct.		
Signature <b>X</b> Date		
Printed Name	County	